

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F97000003792

FILED
Oct 02, 2009
Secretary of State

Entity Name: LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING, INC.

Current Principal Place of Business:

5815 WESTPARK DR.
CHARLOTTE, NC 28217

New Principal Place of Business:

Current Mailing Address:

5815 WESTPARK DR.
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 56-0884622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: LITTLE, WILLIAM B
Address: 5815 WESTPARK DR.
City-St-Zip: CHARLOTTE, NC 28217

Title: DC () Delete
Name: MCMAHAN, W E
Address: 5815 WESTPARK DR.
City-St-Zip: CHARLOTTE, NC 28217

Title: D () Delete
Name: KUTTNER, PHILLIP A
Address: 5815 WESTPARK DR.
City-St-Zip: CHARLOTTE, NC 28217

Title: S/T () Delete
Name: MCGARRY, JAMES L
Address: 5815 WESTPARK DR.
City-St-Zip: CHARLOTTE, NC 28217

Title: P () Delete
Name: KOMISIN, JOHN A
Address: 5815 WESTPARK DRIVE
City-St-Zip: CHARLOTTE, NC 28217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: POWLEN, DAVID C
Address: 5815 WESTPARK DRIVE
City-St-Zip: CHARLOTTE, NC 28217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. KOMISIN

P

10/02/2009

Electronic Signature of Signing Officer or Director

Date